

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name

JAMES A. LEHMAN

Address

P.O. Box 373

Address

City

FOND DU LAC

State

WI

ZIP

54936

Country

FOND DU LAC

Telephone

920-921-3464

Fax

NONE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

JAMES A.

Family Name

or Surname

LEHMAN

Inventor's
Signature

James A. Lehman

Date

JULY 18, 2001

Residence: City

FOND DU LAC

State

WI

FOND DU LAC
Country

Citizenship

U.S.

Mailing Address

P.O. Box 373

Mailing Address

City

FOND DU LAC

State

WI

ZIP

54936

Country

FOND DU LAC

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name

or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.